Change of Address Form	
Name	Lead ID Number
Telephone Number	Other Valid ID Number
	Instructions
If your home address and mailing address are the same, please fill out the home address section only and check off the box in the middle of page.  If they are different please complete both home address and mailing address.  Copy of other valid ID, your signature and the date you sign are required. Thank you.	
Home Address Section	
New Address	
	our home address and mailing address are the same
Mailing Address Section	
Previous / Old Mailing Address	
New Mailing Address	
REQUIRED	
Please don't forget to attach a co	opy of your other valid identification. Thank you.
Applicant's Signature	Print Preparer's Name
Date	Preparer's Signature
	Fax this form to (510) 620-5656 or mail to:  CLPPB - Accreditation and Certification Unit

CLPPB - Accreditation and Certification Unit 850 Marina Bay Parkway Bldg. P, 3rd Floor, Box C Richmond, California 94804-6403